

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities
(TBD)

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible and healthy adolescents and women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Sexually Responsible and Healthy Adolescents and Women

Focus

This priority focuses on promoting sexual health among adolescents by encouraging adolescents to delay sexual activity while fostering healthy relationships and by decreasing risk-taking associated with early onset of sexual activity. It also focuses on promoting access to screening for sexually transmitted diseases (STDs) and to family planning services for sexually active adolescents, women of childbearing age, and postpartum women.

Objectives and Expectations

The objectives of this priority are to educate adolescents and women about family planning and prevention of STDs and to support related services, policies, and programs.

As a result of these efforts, we expect that:

- More adolescents will delay sexual activity.
- Adolescents who choose to be sexually active will effectively and safely use methods of contraception that prevent pregnancies and the spread of disease.
- More women of childbearing age will know about safe and effective contraception, STD prevention, and birth spacing. This will lead to fewer unintended pregnancies, lower rates of STDs, and more families in which consecutive births are at least 18 – 23 months apart.

Key Data from Washington

Adolescent Pregnancyⁱ

In 2004, 28.5 per 1,000 women aged 15-17 years became pregnant. This represents 3,680 pregnancies. Approximately 55 percent of adolescent pregnancies resulted in live births for a total of 2,006 births in 2004. The birth rate among adolescents in Washington in 2003 was 15.3 births per 1,000 women, compared to the national rate of 22.1 births per 1,000 women aged 15-17 years.

Unintended pregnanciesⁱ

The proportion of live births from unintended pregnancies varies significantly by age.¹ Among women under 20 years of age, about 73 percent of births are from unintended pregnancies. This rate decreases with age, but remains sizable even among older women. The lowest rate is among women aged 30-34 years who report an estimated 27 percent of births are from unintended pregnancies.

Disparities

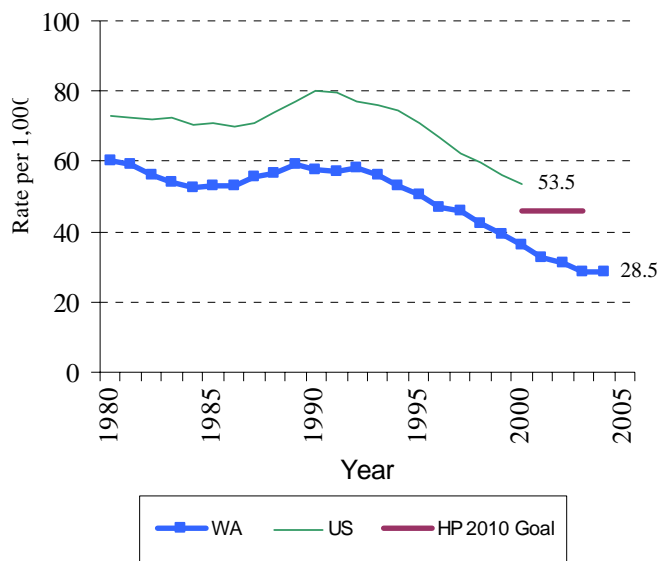
Black and American Indian/Alaska Native women were more likely to report that their infants were from unintended pregnancies compared to Asian, White, and Hispanic women.ⁱ

Temporary Assistance for Needy Families (TANF) recipients were more likely to report that their deliveries were from unintended pregnancies than other Medicaid or non-Medicaid women.ⁱ

Chlamydia infection rates are three times higher among females than among males. This is in part because females are tested more frequently and therefore diagnosed more often.ⁱ

Teens living in rural areas or large towns are more likely to give birth than teens living in urban areas.ⁱⁱ

**Adolescent Pregnancy Rate
Ages 15-17
WA and US, 1980-2004**



¹Note: Unintended pregnancy is an ambiguous concept that is imperfectly measured. Pregnancy intention may vary depending on when, in relation to the pregnancy, the information is collected. In addition, the concept of intending or planning pregnancies may be influenced by cultural perceptions. In Washington, data on pregnancy intentions are collected from women who have delivered live births. Women who do not give birth from unintended pregnancies are excluded from this measure, potentially influencing the results.

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some examples of direct services, policy development, education, and research and surveillance activities supported by OMCH that promote sexual responsibility and health among adolescents and women.

Pregnant Women and Women of Childbearing Age

Health Care Services

- Provide information about family planning resources, referrals, and insurance for low-income women to First Steps providers.
- Support the Family Health Hotline² for information and referrals.

Policy Development

- Support the Family Planning Program's efforts to ensure access to family planning services for non-citizens.
- Monitor legislation and develop policies that work to promote sexual health.
- Provide information to legislators on abstinence-only education, pregnancy statistics, and unintended pregnancy as requested.

Education

- Include messages about birth spacing in CHILD Profile Health Promotion materials.
- Disseminate the HIV testing card to health care providers.
- Disseminate "9 Months to Get Ready" and the Department of Health (DOH) birth control brochure.
- Educate First Steps providers regarding STDs and family planning.
- Promote dissemination of pre-exposure emergency contraception by providers.
- Provide education/updates regarding STD screening and treatment to health care providers.
- Educate obstetrics and primary care providers about the Medicaid "Take Charge" program and about the use and availability of emergency contraception.

Infants, Children, and Youth³

Health Care Services

- Implement and evaluate five community-based teen pregnancy prevention projects that provide counseling, testing, and referrals to family planning services.
- Implement and evaluate approximately 12 abstinence-focused peer-to-peer media literacy projects across the state.

² The Family Health Hotline used to be known as Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

³ Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

Policy Development

- Promote the long term view of healthy attachment and its relationship to healthy outcomes including sexually responsible people.
- Promote and monitor the use of the “Guidelines for Sexual Health Information and Disease Prevention.”
- Monitor and coordinate with partners on legislation related to policies that improve the sexual health status of youth.
- Monitor legislation regarding access to confidential health services by youth.
- Develop agency policy on human papillomavirus (HPV) vaccine and its effect on adolescent reproductive health.

Education

- Develop and distribute adolescent health fact sheets on teen sexuality.
- Provide resources and training on media literacy related to teen sexual behavior.
- Include sexuality information for families and providers in Children with Special Health Care Needs resource notebooks for adolescents in transition.
- Promote education of changing attitudes, practices, and values about sexuality and their influence on health and sexual relationships.
- Develop and disseminate an abstinence-focused media campaign.

Research, Surveillance, and Best Practices

Data

- Develop a plan to include questions about sexual behavior on the Healthy Youth Survey.
- Provide regular updates to the Adolescent Pregnancy and Childbearing chapter in the “Health of Washington State.”
- Use Pregnancy Risk Assessment and Monitoring System (PRAMS) and Behavioral Risk Factor Surveillance Survey (BRFSS) data and explore other methods to measure unintended pregnancy.

Examples of Best Practices

- Evaluate all programs to determine efficacy and to measure progress.
- Use a comprehensive approach toward teen pregnancy prevention and sexuality education. A comprehensive approach includes information about abstinence and other pregnancy and STD prevention methods.
- Provide education and resources on HPV vaccine when it becomes available.
- Provide preconception HIV testing and Chlamydia screening for women of childbearing age.
- Support pre-exposure dissemination of emergency contraception to women.
- Promote the use of condoms to prevent STDs and HIV infection.

Other Public Health Agendas

By identifying sexually responsible and healthy adolescents and women as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state

public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining sexual responsibility and health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicatorsⁱⁱⁱ for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The most salient leading health indicator for this priority is "Responsible sexual behavior."

Some of the Healthy People 2010 objectives selected to measure outcomes related to responsible sexual behavior among women and adolescents are:⁴

- Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active. (25-11)
- Increase the proportion of pregnancies that are intended. (9-1)
- Reduce pregnancies among adolescent females.(9-7)
- Increase the proportion of sexually active, unmarried adolescents aged 15 - 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease. (9-10)
- Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections. (25-1)
- Reduce the proportion of births occurring within 24 months of a previous birth. (9-2)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{iv} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. One of these areas is "how safe and supportive are our families." The indicator most related to sexually responsible and healthy adolescents and women is the percent of pregnancies that were intended.

Department of Health Strategic Plan

The Department of Health Strategic Plan^v created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include using the PHIP key health indicators to guide decision-making and addressing the incidence of chronic disease, injury, and the spread of communicable disease.

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

Division of Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-2008 timeframe. The maternal and child health priority of sexual health and sexual responsibility aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to sexually responsible and healthy adolescents and women. Information about healthy relationships, cognitive development, access to prenatal care, screening for drug and alcohol use during pregnancy, and quality screening, identification, intervention, and care coordination can be found in the following MCH Priority Issue Briefs: (1) Optimal Mental Health and Healthy Relationships, (2) Healthy Physical Growth and Cognitive Development, (3) Access to Preventive and Treatment Services, and (4) Quality Screening, Identification, Intervention, and Care Coordination.

References

ⁱ Washington State Department of Health. *2006 MCH Data and Services Report*. Olympia, WA. 2006 Jan. 218 p. Available at:

http://devwww/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm

ⁱⁱ Washington State Department of Health. Washington Pregnancy Risk Assessment Monitoring System (PRAMS), 2003.

ⁱⁱⁱ <http://www.healthypeople.gov/LHI/lhiwhat.htm>

^{iv} <http://www.doh.wa.gov/PHIP/default.htm>

^v http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf